



TOWN OF NORTH HAVEN
**AMBULATORY MOTOR VEHICLE
EXEMPTION APPLICATION**

MUST BE FILED BY NOVEMBER 1 OF EACH YEAR

_____ NAME	_____ ADDRESS
_____ SOCIAL SECURITY NUMBER	_____ BIRTH DATE

_____ DESCRIPTION OF VEHICLE	_____ YEAR
_____ VIN	_____ MAKE
_____ REGISTRATION	_____ MODEL

DOCUMENTS TO BE ATTACHED

- LETTER FROM A PHYSICIAN STATING THAT THE APPLICANT IS DISABLED AND REQUIRES AMBULATORY MODIFICATIONS TO VEHICLE
- COPY OF CURRENT MOTOR VEHICLE REGISTRATION
- DOCUMENTS DESCRIBING THE AMBULATORY MODIFICATIONS

I HEREBY CERTIFY UNDER PENALTIES OF FALSE STATEMENT THAT I MEET THE REQUIREMENTS SPECIFIED IN THE TOWN OF NORTH HAVEN ORDINANCE CHAPTER 184, ARTICLE V "EXEMPTION FOR AMBULANCE-TYPE MOTOR VEHICLES".

_____ APPLICANTS SIGNATURE	_____ DATE
_____ ASSESSOR	_____ DATE